



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

HOME AND COMMUNITY BASED WAIVER Policy Manual

Section: APPENDIX

**Subject: Waiting List Criteria Tool
Instructions (SLTC 146)**

➤ **References: ARM: 37.40.1408**

PURPOSE

This tool was developed to assist Case Management Teams (CMT) in prioritizing each applicant's needs. The instrument is designed to complement professional judgment in determining which applicant is in most need of services. Questions are geared toward assessing specific HCBS needs and to facilitate discussion.

PROCEDURE

It is left to the discretion of the CMT on how to use the tool. For example, some teams may choose to use just one form per applicant. Other CMTs may choose to have each team member fill out a separate form, combine the scores, and average the total scores. The minimum score is 9 and the maximum is 25. Based on the scoring range and professional judgment, determine which individual in the highest range needs the services the most. Use the comment section to add information that will help in this decision. Budget constraints may warrant the selection of an individual with lower needs whose care can be met with limited funds. In these instances, the CMT must document the specific circumstances on the Waiting List Criteria Tool under "comments".

INSTRUCTIONS

Applicant: Enter the applicant's name, date of birth and county.

Slot Category: Indicate the slot category requested.

Social Security: Enter applicant's Social Security Number.

Review Dates: Enter date of each review.

1. Is the applicant at risk of medical deterioration without services? A score of one would reflect that the applicant is adequately maintaining medically at home. Two would reflect that some of the applicant's needs are being met, but additional services could help maintain or improve

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| | | HCBS 899-20 |
| Section: APPENDIX | Subject: Waiting List Criteria Tool Instructions (SLTC 146) | |

the applicant's medical status. A score of three would reflect a terminal or rapidly deteriorating condition, unmet skilled care needs, recent hospitalization or institutionalization.

2. Does the applicant have cognitive impairment? A score of one would reflect that the applicant is alert and oriented and capable of making good decisions. Two would reflect that the individual is perhaps alert and oriented but uses poor judgment or has minor cognitive impairment (e.g., some short-term memory loss). A score of three would reflect consistently poor judgment or inability to function independently without supervision and/or constant reminders.
3. Is applicant in a nursing facility or at risk of institutional placement or death? A score of one would mean the applicant is not at risk or is at minimal risk (could be institutionalized within the next six months). A score of two would indicate the applicant is at moderate risk (could be institutionalized within the next three months)? A score of three could mean the applicant is at imminent risk of placement or death, the family situation will deteriorate without HCBS, the applicant will have to move from assisted living or nursing facility, or the applicant is in an institution.
4. Does the applicant require 24-hour supervision? A score of one indicates the individual does not require 24-hour supervision or the current level of supervision is adequate or age appropriate. A score of two indicates that the applicant requires additional supervision, cannot be alone, left alone for more than 6-8 hours but has formal and informal supports often available to provide care. A score of three indicates that the individual requires 24-hour supervision and caregivers require ongoing support.
5. Is there a need for more formal services (paid services)? Score one if services provided are adequate. Score two if the applicant is receiving services but need additional support. Score three if services are inadequate or funds are running low.
6. Are the existing supports (informal) sufficient at this time? Score one if family or friends are able to provide

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| | | HCBS 899-20 |
| Section: APPENDIX | Subject: Waiting List Criteria Tool Instructions (SLTC 146) | |

adequate support. Score two if the applicant is receiving moderate support or could benefit from additional support to maintain or improve the situation. Score three if informal support is absent or inadequate.

7. Does the primary caregiver need relief? Score one if there is not caregiver or caregiver doesn't require relief. Score two if caregiver needs intermittent or occasional relief. Score three if caregiver requires immediate or ongoing relief and caregiver health is in jeopardy.
8. Is there a need for adaptive aids or environmental modifications? Score one if the recipient and CMT do not think adaptive aids or environmental modifications are necessary. Score two if there is a difference in opinion (the same as above question). Score three if the applicant and CMT both determine there are needs. Then assess for urgency of need.
9. Are there other health and safety issues (not identified in 1- 8) that place the applicant at risk? Score one if there are health and safety issues and document specific circumstances in the "comments" section.
10. Does the applicant require spousal impoverishment, or waiver of deeming for children to qualify for HCBS? Circle yes or no.

Total Score: Enter the total score obtained on the review date.

Comments: Use this section to include any information that is important for making determinations but is not necessarily addressed in the tool questions. For example, the applicant's current supportive services or specific service needs could be listed. This section can also be used to document status changes between review dates.



CMT Signature and Date: This section to be signed and dated by the CMT completing this tool.